



In addition to registering on-line at Alegent.com or by calling 1-800-ALEGENT, you can also complete this attached information sheet and give it to the Alegent Health walking program coordinator at your first session.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How did you hear about the walking program at Alegent Health?

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